

**OFFICE OF THE INSPECTOR GENERAL
DMHMRSAS**

**SNAPSHOT INSPECTION
SOUTHWESTERN VIRGINIA TRAINING CENTER**

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INSPECTOR GENERAL**

OIG REPORT # 84-03

Facility: Southwestern Virginia Training Center
Hillsville, Virginia

Date: June 24-25, 2003

Type of Inspection: Snapshot Inspection / Unannounced

Reviewers: Cathy Hill, LPC
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EXECUTIVE SUMMARY

A Snapshot Inspection was conducted at Southwestern Virginia Training Center in Hillsville, Virginia on June 24-25, 2003. The purpose of a snapshot inspection is to conduct an unannounced review of a facility with a primary focus on three basic areas. The areas are as follows: the general conditions of the facility, staffing patterns and activity of patients.

SWVTC is one of five training centers dedicated to providing residential and active treatment services to persons with mental retardation. On the day of the inspection, the census of the facility was approximately 200 residents. The team conducted tours of seven cottages and one large residential building. In addition, active treatment programming was observed.

Overall, the facility was clean comfortable and well maintained. The team noted that the facility has updated the appearance of several cottages, including some specialized painting techniques, which provides for an attractive environment.

SWVTC maintains a minimal staff to client ratio enabling the provision of training, care and supervision of the residents served. Residents at SWVTC are provided with opportunities to participate in active treatment programming in a variety of settings depending upon their level of functioning

The team was informed that the facility has advertised for a full-time psychiatrist and a doctorate level psychologist. The addition of these positions will enable the facility to enhance its services.

PART I: STAFFING ISSUES

<p>1. Number of staff scheduled for this shift for this unit.</p> <p>DSA= Direct Service Assistant</p>	<p>June 24, 2003 / Day Shift</p> <p>Building 12A - 11 residents 2.5 DSAs</p> <p>Building 12B - 11 residents 2.5 DSAs</p> <p>Building 5C - 8 residents 2 DSAs</p> <p>June 24, 2003 / Evening Shift</p> <p>Building 6B - 8 residents 2 DSAs</p> <p>Building 7B - 10 residents 3 DSAs (Please note that one of the DSAs from the day shift continued into the evening shift because of doing 1:1 coverage until 5:30 pm)</p> <p>Building 8C - 10 residents 3 DSAs (Please note that one of the DSAs has a regular shift that covers from 1:30-9:30pm)</p>
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2. Number of staff present on the unit?	<p>June 24, 2003 / Day Shift</p> <p>All of the staff except those mentioned below were accompanying the residents for programming, which explains why staff were not observed on the units when toured. Staffing at the programming sites will be addressed in Part Two of this report.</p> <p>Building 12A – 0</p> <p>Building 12B - 1 DSA</p> <p>Building 5C - 0</p> <p>June 24, 2003 / Evening Shift</p> <p>Building 6B - 2 DSAs</p> <p>Building 7B - 1 DSA</p> <p>Building 8C - 0</p>
3. Number of staff doing overtime during this shift or scheduled to be held over?	<p>Interviews with staff revealed that during the inspection four were noted to be doing overtime.</p> <p>Building 12A – 2</p> <p>Building 12B – 1</p> <p>Building 7B – 1</p>
4. Number of staff not present due absence because of workman's compensation injury?	<p>Interviews revealed that no staff were absent due to a worker's compensation injury.</p>
5. Number of staff members responsible for one-to-one coverage during this shift?	<p>Staff informed the team that 2 residents in the areas toured were on 1:1 due to behavioral or medical issues.</p>

6. Are there other staff members present on the unit? If so, please list by positions?

It was noted that team leaders were on 2 of the units during the time of the tour.

Housekeeping staff were noted on one of the units.

7. Additional comments regarding staff: There has been noted improvement in staffing patterns at this facility over the last three inspections. SWVTC used the funding provided to the facility through a special allocation to hire a number of direct care workers, which has enabled the facility to meet minimal staff to resident ratios without unsafe use of overtime. Interviews and observations demonstrated that the use of this funding to increase staffing patterns has had an extended positive effect on staff morale.

Finding 1.1: Observations revealed that the facility has increased the number of direct care staff. This enables them to meet the minimal staffing patterns consistent with facility policy without the excessive and unsafe use of overtime.

OIG Recommendation: SWVTC has prioritized the hiring of additional direct care staff in order to enhance its ability to provide for the care and supervision of its residents. It will be important for both the facility and the Central Office to maintain these gains.

DMHMRSAS Response: DMHMRSAS concurs and appreciates recognition of SWVTC's and Central Office efforts to maintain staffing gains.

PART II: ACTIVITIES OF THE PATIENTS/RESIDENTS

1. Bed capacity for the unit: 2. Census at the time of the review:

During the review, the census during the inspection was found to be:

Capacity:

Census:

Building 12A - 11 male residents	11 residents
Building 12B – 11 female residents	11 residents
Building 5C - 8 residents	8 residents
Building 6B - 8 residents	8 residents
Building 7B - 10 residents	10 residents
Building 8C - 10 residents	10 residents

3. Number of patients/residents on special hospitalization status

At the time of this inspection, it was noted that one individual was hospitalized due to a recent injury.

4. Number of patients/residents on special precautions?

Interviews with staff indicated that 3 residents were on special precautions due to risk for fall, 4 due to self-injurious behaviors, 6 due to aggressive behaviors and 2 on aggressive and self-injurious behavior.

5. Number of patients/residents on 1 to 1?

Staff informed the team that 2 residents in the areas toured were on 1:1 due to behavioral or medical issues.

6. Identify the activities of the patients/residents?

A member of the team observed active treatment programming in the Recreational Building during the afternoon session, which occurs from 1:30pm – 4:30pm. Residents were participating in music therapy, speech therapy, and recreational therapeutic activities in the gym and nautilus room. It was evident that there were cooperative relationships between the professional and direct care staff to ensure the completion of active treatment programming. Staff were noted to be engaged with the residents in a relaxed manner, treating each individual with respect and dignity.

Music Therapy- Seven residents were engaged in the music therapy session observed by the team. There were two staff members in the room, one of which was a music therapist. The group was involved in an activity designed to enhance color recognition, movement and dexterity. The therapist worked to engage each person in the activity providing support and direction as needed.

Throughout the activity, residents were removed for a brief period of time to complete programming in the nautilus room. It was explained that this was due in part to limited staffing available on this date as one of the cottages was off-site on a field trip and staff normally assigned to the building were accompanying the residents.

Speech therapy- Four residents were engaged in speech therapy during the session observed. There were two staff members present, including a speech therapist. The therapist used Touch and Tell Boards to engage each resident in picture and sound recognition. The therapist's interaction with the resident demonstrated a comfortable rapport and knowledge of each participant. Humor, support and praise were used to encourage involvement. Normally this session served more residents but those identified for participation, included persons on the field trip.

Recreational therapy - The gymnasium was divided into two separate recreational activities. On one side of the gym, six residents were engaged in a movement activity that involved walking around the area in a circle and throwing several balls. There were two staff members present.

On the other side of the gym, a group of eight residents were throwing basketballs. Four staff members were present and actively engaged with each of the residents.

There were three staff members in the Nautilus room each providing 1:1 monitoring and instruction to the residents participating. Interviews with staff demonstrated an understanding of the goal for involvement for each person participating.

7. What scheduled activities are available for patients/residents during this shift?

Interviews and a review of scheduled activities demonstrated that residents were also engaged in vocational programs including paper shredding, can crushing and recycling, sock matching and folding, and woodworking. A number of residents are also engaged in

work associated with preparation and clean-up of utensils and trays following the morning and afternoon meals.

Residents in Cottage 5A were off campus on a field trip to a matinee and lunch. Residents were noted to be very excited about this event upon their return and were actively encouraged by staff to discuss their experiences. Staff related that residents participate in a number of off grounds activities, such as shopping, picnics, hikes, miniature golf, attending ball games, going to restaurants and touring a drive-through zoo. Residents also have opportunities to participate in special events within the community such as a hot air balloon show.

8. Are smoke breaks posted?

There are designated smoking areas, primarily for staff. Interviews indicated that in the areas toured there were not any residents that smoked.

9. Do patients/residents have opportunities for off-ground activities?

As noted above in #7, residents at this facility are afforded a number of opportunities to be involved in off ground activities.

10. As appropriate, do patients/residents have opportunities for snacks?

Snacks are available, as appropriate and dictated by dietary needs as determined by their physician. Afternoon snacks were available during designated break times during the activities.

11. Other comments regarding patient activities: None

OIG Finding 2.1: SWVTC offers a variety of active treatment options for its resident based upon their individual needs and abilities. Staff were observed in a variety of situations treating the residents with dignity and respect.

OIG Recommendation: None. Staff were well-versed on the active treatment goals for the residents and provided supervision, support and praise in actively engaging the residents.

PART III: ENVIRONMENTAL ISSUES

AREA OF REVIEW: Common Areas	Comments and Observations
1. The common areas are clean and well maintained.	Tours of nine living areas during the day and evening shifts indicated that the common areas are clean and well maintained.
2. Furniture is adequate to meet the needs and number of patients/residents.	Tours of nine residential units indicated that the furniture in common areas and in bedrooms meets the needs of the patients.
3. Furniture is maintained and free from tears.	All furniture observed during tours of the residential units was free of tears and was well maintained.
4. Curtains are provided when privacy is an issue.	Tours and observations indicated that curtains are provided for privacy. In the instance where a curtain or blind does not meet the needs of a resident, the facility has been creative in order to produce the privacy that a residents has a right to, such as the application of opaque window coverings that are stuck to a window. This covering allows light in and the residents can see out, but no one can see in, so it provides privacy while addressing the behavioral issues of several residents.
5. Clocks are available and time is accurate.	Observations during tours of residential areas indicated that all clocks were accurate.
6. Notification on contacting the human rights advocate are posted.	Observations during tours indicated that each residential area visited by OIG staff had a human rights poster placed in a common area.
7. There is evidence that the facility is working towards creating a more home-like setting.	Tours of nine units indicated that this facility works to create a more home like setting. All units visited had nice paint and borders up in all rooms, plus there were faux plants, rugs, pictures, murals on walls, decorative draperies, a TV and radio in an entertainment center and trinkets to decorate common areas. Specifically, Cottage 5C, which has had problem keeping anything on the walls do to the behavior of several residents has had the décor renovated recently. Staff

	<p>donated time to repaint the entire cottage, using faux stucco painting techniques to give the common areas and bedrooms a light, open decorated feel, without using anything that could be destroyed. Other observations made while touring units indicated that bedrooms were decorated with murals, different colors of paints, wall paper borders, pictures, matching bed sets, rugs, special pieces of furniture, personal memorabilia, wall shelves, bookshelves, TV's, radios and window treatments.</p>
8. Temperatures are seasonally appropriate.	Tours of units indicated that on a very warm summer day the residential areas were cool and comfortable.
9. Areas are designated for visits with family, etc., which affords privacy. Visiting hours are clearly posted.	Tours revealed that each residential area has space for visits with family. Specifically, a parent has recently led a donation campaign in order to establish a special room in the infirmary for parents to be with their children during the resident's time of ill-health, decline and death.
10. Patients/residents have access to telephones, writing materials and literature.	Interviews with staff indicated that residents have access to writing materials and telephones.
11. Hallways and doors are not blocked or cluttered.	Tours and observations indicated that hallways and doors in the residential areas were not blocked or cluttered.
12. Egress routes are clearly marked.	Tours and observations indicated that egress routes were clearly marked.
13. Patients/residents are aware of what procedures to follow in the event of a fire.	OIG staff were unable to speak to residents due to the time of day in which the inspection was conducted, residents were in programming.
14. Fire drills are conducted routinely and across shifts.	Three of the five staff interviewed indicated that fire drills are conducted once a month. The other two were uncertain of the times when fire drills were conducted.
Bedrooms	Comments and Observations

1. Bedrooms are clean, comfortable and well-maintained.	Observations during tours of nine residential areas indicated that bedrooms were clean, comfortable and well maintained.
2. Bedrooms are furnished with a mattress, sheets, blankets and pillow.	Tours of bedrooms in nine residential units indicated that all bedrooms are furnished with a mattress, sheets, blankets and a pillow.
3. Curtains or other coverings are provided for privacy.	Tours revealed that curtains or other coverings are provided for privacy.
4. Bedrooms are free of hazards such as dangling blind cords, etc.	Tours revealed that bedrooms are free of dangling cords as hazards.
5. Patients/residents are able to obtain extra covers.	Tours revealed that a linen closet is located in each residential unit so that residents can obtain extra covers.
6. Patients/residents are afforded opportunities to personalize their rooms.	Interviews and observations revealed that residents have a choice on how to decorate and personalize their rooms.
Seclusion Rooms	Comments and Observations
1. Seclusion and/or time out rooms are clean.	Observations revealed that the time out rooms were clean.
2. Seclusion and/or time out rooms allow for constant observations.	Interviews indicated that when time-out rooms are used, which is infrequently, constant observation is required.
3. Bathrooms are located close to the seclusion or time-out areas.	Interviews and observations indicated that bathrooms are located close to time-out areas.
Bathrooms	Comments and Observations
1. Bathrooms were clean and well maintained	Observations revealed that overall bathrooms were clean, though the reviewer did notice two unflushed toilets and 1 very dirty sink during the tours of the nine residential units.

2. Bathrooms were noted to be odor free.	Observations indicated all bathrooms were odor free.
3. Bathrooms were free of hazardous conditions.	<p>Observations revealed that all but two bathrooms were free of hazards. The two bathrooms that had potential hazards were as follows:</p> <p>Building 6B – In a hanging basket there were loose rubber gloves, a open container of petroleum jelly and a bottle of shampoo</p> <p>Building 7B – A latex glove was dangling out of a unlocked box in which it was stored.</p> <p>It should be noted that there were not any residents in the units at the time of the visits so the reviewer was not aware of the mobility and dexterity of the residents that live in the two particular units cited.</p>
Buildings and Grounds	Comments and Observations
1. Pathways are well-lit and free of hazardous conditions.	Observations indicated that pathways are free of hazardous conditions.
2. Buildings are identified and visitor procedures for entry posted.	Tours were conducted during a time in which residents were not in cottages, in addition the Director had alerted staff that OIG reviewers were on site, so no visitor procedures were employed at the time of the visit.
3. Grounds are maintained.	Tours and observations indicated that grounds are well maintained.
4. There are designated smoking areas with times posted.	Interviews with staff did not indicate that there were any residents that smoked.
5. Patients/residents have opportunities to be outside.	Interviews with staff and observations of activity on grounds did demonstrate that residents have the opportunity to be outside, weather permitting.

Other comments regarding the environment: SWVTC is currently in the process of preparing one of the cottages for implementing a regional program for persons who are dually diagnosed. The program will serve persons diagnosed with mental retardation who

are also experience active symptoms of an acute mental illness from the Southwestern Virginia region who could benefit from a comprehensive assessment and short-term (less than 90 days) structured programming with the goal of successful reintegration into the community. This program will provide intensive short-term services for individuals from the Southwestern Virginia area. Interviews indicated that the facility has a target date of beginning this program in the Fall 2003 by gradually accepting admissions until the targeted capacity of 8 residents are achieved. Members of the OIG review team were informed that SWVTC has been able to advertise for a full-time psychiatrist as a component of this regional program. A percentage of the psychiatrist time will be devoted to providing coverage for this program, but the individual will also address the psychiatric needs of other facility residents, as appropriate. Currently SWVTC has been using a part-time temporary psychiatrist to provide coverage. In addition, the review team was informed that the facility has recently advertised for a full-time doctorate level clinical psychologist and anticipates that this position will be filled within the next six to eight weeks. This person will serve as the Director of Psychology, providing clinical supervision for the Master's level psychologists at the facility. In addition, the individual will provide assessment and treatment recommendations for person involved in the regional dually diagnosed program. Utilization of bed capacity and usage will be managed by a committee comprised of members from the regional community services board, SWVMHI and the training center.

OIG Finding 3.1: SWVTC is currently finalizing plans for the opening of a regional program to address the needs of person with the dual diagnosis of active mental illness and mental retardation.

OIG Recommendation: None at this time. The OIG looks forward to reviewing this program during future inspections.

DMHMRSAS Response: Plans are being finalized for the regional Dual Diagnosis Program.

OIG Finding 3.2: Overall, the facility was noted to be clean, comfortable and well maintained. Recent improvements were noted.

OIG Recommendation: None